

Exhibit 20

*State of California ex. rel. Ven-A-Care of the Florida Keys, Inc. v.
Abbott Laboratories, Inc., et al.*

Exhibit to the Declaration of Nicholas N. Paul in Support of Plaintiffs' Motion for Summary
Judgment as to Defendant Dey

NO. GV002327

THE STATE OF TEXAS)	IN THE DISTRICT COURT
ex rel.)	
VEN-A-CARE OF THE)	
FLORIDA KEYS, INC.,)	
Plaintiff(s),)	
)	
VS.)	TRAVIS COUNTY, TEXAS
)	
DEY, INC.; ROXANE)	
LABORATORIES, INC., WARRICK)	
PHARMACEUTICALS CORPORATION,)	
SCHERING CORPORATION,)	
SCHERING-PLOUGH CORPORATION,)	
LIPHA, S.A., MERCK-LIPHA,)	
S.A., MERCK, KGAA, and EMD)	
PHARMACEUTICALS, INC.,)	
Defendant(s).)	53RD JUDICIAL DISTRICT

ORAL AND VIDEOTAPED DEPOSITION OF

CARRIE-JEAN JACKSON

April 18th, 2003

ORAL AND VIDEOTAPED DEPOSITION OF CARRIE-JEAN

JACKSON, produced as a witness at the instance of the Defendant(s), and duly sworn, was taken in the above-styled and numbered cause on April 18th, 2003, from 9:08 a.m. to 1:03 p.m., before Cynthia Vohlken, CSR in and for the State of Texas, reported by machine shorthand, at the Sacramento Marriott Rancho Cordova, 11211 Point East Drive, Rancho Cordova, California pursuant to the Texas Rules of Civil Procedure.

1 correct?

2 A. Correct.

3 Q. And Exhibit 230 is the result of that
4 assignment; is that correct?

5 A. Correct.

6 Q. And at that point in time you gathered
7 together as much information as you could regarding
8 federal Medicare and state Medicare; is that correct?
9 Excuse me, state Medicaid.

10 A. Medicare.

11 Q. Federal Medicare and state Medicaid; is that
12 correct?

13 A. August of '93 I don't know if it was
14 Medicaid. Yes. I would say yes.

15 Q. All right. And as of the time that you had
16 prepared the report in August of 1993, you were in the
17 process of trying to obtain information from the
18 various states regarding their formula for
19 reimbursement, am I correct?

20 A. Correct.

21 Q. And you spent quite a deal of time trying to
22 get that information. Would I be fair in that
23 characterization?

24 A. Correct.

25 Q. And then what you did is at some point in

1 time as of the next report that you prepared, Exhibit
2 231, which is dated February 7th of 1994 --

3 A. February 2nd.

4 Q. February 2nd, 1994, that is a report that you
5 prepared regarding the information you then obtained
6 from the various states, am I correct?

7 A. Correct.

8 Q. And for example, you had information for the
9 state of Florida regarding their reimbursement under
10 Medicaid, am I correct?

11 A. Correct.

12 Q. And you also got information regarding the
13 formula that the state of Texas used for reimbursing
14 under Medicaid; is that correct?

15 A. Correct.

16 Q. And if I looked at Texas you have the
17 reimbursement basis as wholesaler cost plus 12
18 percent; is that correct?

19 A. Yes, that is correct.

20 Q. And that's information that you had gotten
21 based on the directives you had from Dey to collect
22 this information, correct?

23 A. Dey requested me to collect the information.

24 I sent out the form, or what have you, and this is the
25 response.

1 Q. And as February 2nd, 1994 all the information
2 you got from all of the states regarding their
3 Medicaid reimbursement was sent to distribution, am I
4 correct?

5 A. That is correct.

6 Q. And by distribution, if you would be so kind,
7 if you look at Exhibit 230, there is a list of all the
8 people who got distributed the first memo, Exhibit
9 230, the one in August of 1994, am I correct?

10 A. Correct.

11 Q. And the distribution list includes a variety
12 of people on the sales staff of Dey Labs; is that
13 correct?

14 A. Correct.

15 Q. And in addition to the sales staff it also
16 includes individuals at the Napa office, correct?

17 A. Correct.

18 Q. And that includes Rob Ellis, correct?

19 A. Correct.

20 Q. Bob Mozak, correct?

21 A. Correct.

22 Q. And Bob Pallas, correct?

23 A. Correct.

24 Q. So you had distributed the memo, Exhibit 230,
25 regarding the Medicare update to everybody on the

1 distribution list that we just discussed, correct?

2 A. That is correct.

3 Q. And that included a variety of the sales
4 force that we've already described, correct?

5 A. Those listed here, yes, that is correct.

6 Q. And you did the same thing with respect to
7 the memorandum that you had prepared on February 2nd
8 of 1994, correct?

9 A. That is correct.

10 Q. And the sales people are the folks who
11 actually sell Dey products to various customers such
12 as drug companies, correct?

13 A. Correct.

14 MR. McDONALD: Object to the form.

15 Q. (BY MR. PITRE) Home healthcare providers,
16 correct?

17 A. Correct.

18 Q. Pharmacies, correct?

19 A. Correct.

20 Q. And those are the same people who apply under
21 the state Medicaid system for reimbursement, correct?

22 A. What do you mean by they are the same people
23 that apply?

24 Q. The -- the drug companies, they are the ones
25 who obtain reimbursement through the state Medicaid

DEY LABORATORIES

MEMORANDUM

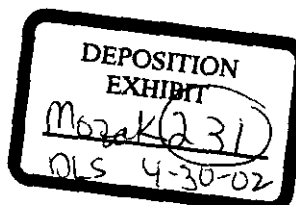
TO: Distribution Cc: Helen Burnham
FROM: Carrie Jackson
DATE: February 2, 1994
RE: Medicare/Medicaid/Formulary Update

Attached please find an updated Medicare/Medicaid/State Formulary Status Report.

As a reminder, this status report is broken out in three parts. Part one has state formulary updates or applications. Part two lists all products covered under Medicare within that particular state and any changes to code numbers or allowables. Information missing from either the Code or Allowable columns denotes that I am in the process of contacting the state to update the required information. Part three lists all products covered under Medicaid within that particular state and any changes to code numbers or allowables. Once again, missing information in either the Code or Allowable columns is in the process of being updated. Please discard your old Medicare report dated August 13, 1993.

I hope the attached is helpful. Updates will be issued as necessary. Should you have any questions or suggestions for report enhancement please do not hesitate to contact me

/cjj



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State of: Alaska

February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.25/mL
Acetylcysteine 20%	J7615	\$1.58/mL
Albuterol 0.083%	J7620	\$1.40/ud
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	\$0.25/mL
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	\$0.25/mL
Isoetharine 0.2%	J7653	\$0.23/mL
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	\$1.05/ud
Metaproterenol 0.4%	J7670	\$1.05/ud
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

All sodium chloride and water products are considered part of the medication costs and will not be reimbursed if billed separately.

- 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.45 - \$11.46		AWP - 5%

State of: Alabama

February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare - No information received. Follow-up request sent.
- 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$5.40	.50 - \$3.00	WAC + 9.2%

State of: Arizona

February 2, 1994

- 1) Formulary - No state formulary for generic substitution

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DL-0050029

2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

Claims for drugs and biologicals used in conjunction with DME require medical documentation. DME must be prescribed by physician; drug has been ordered by attending physician; drug must be reasonable & necessary. Note that drugs which can be administered by any of the following methods will be excluded from coverage: Aerosol; MDI; tablets; capsules; syrup; parenteral injection.

3) Medicaid - AHCCS/Arizona Health Care Cost Containment System

State of: Arkansas February 2, 1994

- 1) Formulary - Not necessary to be on state formulary for generic substitution
- 2) Medicare - (Use local codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	W8050	\$1.34/mL
Acetylcysteine 20%	W8060	\$1.62/mL
Albuterol 0.083%	W8010	\$1.42/ud
Cromolyn Sodium/20 mg		
Isoetharine (all)	W8070	\$0.78/ud
Metaproterenol 0.6%	W8030	\$1.40/ud
Metaproterenol 0.4%	W8020	\$1.40/ud
82003	W8140	
82005	W8150	
Remaining saline	W8150	
(excluding 83003/83005/64015/64115)		

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Allowable based on Redbook pricing

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.51 + 103 EAC	\$0.50 - \$3.00	AWP 10.5%

California

February 2, 1994

- 1) Formulary - Not necessary to be on state formulary for generic substitution
- 2) Medicare - Wrong information sent. Questionnaire resubmitted.
- 3) Medicaid (Medi-Cal) Dispensing Fee: \$4.05/Rx; Data Source: Medi-Cal List of Contract Drugs (1st Databank)
Co-Pay: \$1.00 (Optional)

<u>Product</u>	<u>Reimbursable</u>	<u>Reimbursement Rate</u>
18104	Y	AWP - 5% (\$1.3419/cc)
18110	Y	AWP - 5% (\$1.2749/cc)
18130	Y	AWP - 5% (\$1.1662/cc)
18200	PA	AWP - 5%
18204	Y	AWP - 5% (\$1.6103/cc)
18210	Y	AWP - 5% (\$1.5409/cc)
18230	Y	AWP - 5% (\$1.4684/cc)
69703	PA	AWP - 5% (\$0.4091/cc)
69760	PA	AWP - 5%
65902	PA	AWP - 5%
66003	PA	AWP - 5%
66103	PA	AWP - 5%
66405	PA	AWP - 5%
67603	Y	AWP - 5% (\$0.3895/cc)
67803	PA	AWP - 5%
03003	Y	AWP - 5% (\$0.0773/cc)
03005	Y	AWP - 5% (\$0.0464/cc)
03010	PA	AWP - 5%
03020	PA	AWP - 5%
63003	Y	AWP - 5% (\$0.0773/cc)
63005	Y	AWP - 5% (\$0.0464/cc)
64015	PA	AWP - 5%
64115	PA	AWP - 5%
82003	PA	AWP - 5%
82005	PA	AWP - 5%
83003	PA	AWP - 5%
83005	PA	AWP - 5%
83015	PA	AWP - 5%
50120	PA	AWP - 5%
50300	PA	AWP - 5%

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<u>Product</u>	<u>Reimbursable</u>	<u>Reimbursement Rate</u>
81003	PA	AWP - 5%
81005	PA	AWP - 5%

Key: PA = Prior authorization required from a Medi-Cal Field Office Consultant
 - = Price not in the Medi-Cal computer file. Price must be manually calculated.

Colorado

February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.41/mL
Acetylcysteine 20%	J7615	\$1.69/mL
Albuterol 0.083%	J7620	\$0.43/mL
Cromolyn Sodium/20 mg	J7630	\$0.70/mL
Isoetharine 0.1%	J7650	\$0.31/mL
Isoetharine 0.125%	J7651	\$0.11/mL
Isoetharine 0.167%	J7652	\$0.15/mL
Isoetharine 0.2%	J7653	\$0.22/mL
Isoetharine 0.25%	J7654	\$0.28/mL
Metaproterenol 0.6%	J7672	\$0.28/mL
Metaproterenol 0.4%	J7670	\$0.28/mL
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

Sodium Chloride and water do not fall under inhalation solutions/drugs and are therefore considered supplies which are included in reimbursement for equipment.

- 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.08	\$2.00 (Trade)	AWP - 10%
	\$0.50 (Generic)	WAC - 18%

Connecticut

February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare - (Use national codes)

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DL-0050032

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

Sodium chloride and water not covered under current policy. Sodium chloride is included in reimbursement of medication administered via nebulizer. Use codes J7699 and J7799. Each claim is reviewed on a case-by-case basis and fees determined from Redbook.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.10*		AWP - 8%

- * Incentive fee added to pharmacy reimbursement for dispensing lower cost product

District of Columbia February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	

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DL-0050033

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.50	\$ 0.50	AWP - 10%

Delaware

February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.65	\$ 0.50	AAC/AWP - 6%

Florida

February 2, 1994

- 1) Formulary - Not necessary to be on state formulary for generic substitution
- 2) Medicare - (Uses local codes for compounded drugs and national codes for originally manufactured drugs)

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DL-0050034

Compounded Drugs:

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine	W4079	\$7.24/4mL
Acetylcysteine	W4179	\$0.29/mL
Albuterol	W4173	\$0.18/mL
Metaproterenol	W4174	\$0.63/mL
Isoetharine	W4175	\$0.89/mL
Cromolyn Sodium	W4177	\$0.21/mL
Normal Saline	W4180	\$0.01/mL
Normal Saline 3 mL	W4181	\$0.22/3mL
Normal Saline 5 mL	W4182	\$0.22/5mL

Non-compounded drugs:

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.47/mL
Acetylcysteine 20%	J7615	\$1.77/mL
Albuterol 0.083%	J7620	\$1.80/3mL
Cromolyn Sodium	J7630	\$0.74/2mL
Isoetharine 0.1%	J7650	\$0.82/5mL
Isoetharine 0.125%	J7651	\$0.64/4mL
Isoetharine 0.167%	J7652	\$1.53/3mL
Isoetharine 0.2%	J7653	\$0.67/2.5mL
Isoetharine 0.25%	J7654	\$0.70/2mL
Metaproterenol 0.4%	J7670	\$1.58/2.5mL
Metaproterenol 0.6%	J7672	\$1.65/mL

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.23	\$ 1.00	WAC + 7%

Source: Blue Book

Georgia February 2, 1994

1) Formulary - No state formulary for generic substitution

2) Medicare -

Not covered by a Medicare Durable Medical Equipment Supplier Contact DME Unit at (912) 921-3078 for additional details.

3) Medicaid

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DL-0050035

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.41		AWP - 10%

Source: First Data Bank

Hawaii February 2, 1994

1) Formulary - Must be on state formulary for generic substitution

2) Medicare -

82003/82005/83003/83005/83015/50120/50300/81003/81005 not listed in 1993 Redbook, not assigned HCPCS code, and no allowances for Hawaii have been determined. Use code J3490 and brief description of product when submitting claims.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.67		AWP - 10.5%

Source: First Data Bank

Idaho February 2, 1994

1) Formulary - No state formulary for generic substitution

2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

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DL-0050036

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.30		AWP

Illinois

February 2, 1994

1) Formulary Must be on state formulary for generic substitution

2) Medicare -

Use national codes for the following:

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.32/mL
Acetylcysteine 20%	J7615	\$1.58/mL
Albuterol 0.083%	J7620	\$1.58/ud
Cromolyn Sodium/20 mg	J7630	\$0.76/mL
Isoetharine 0.1%	J7650	\$0.34/mL
Isoetharine 0.125%	J7651	\$0.21/mL
Isoetharine 0.167%	J7652	\$0.28/mL
Isoetharine 0.2%	J7653	\$0.34/mL
Isoetharine 0.25%	J7654	\$0.42/mL
Metaproterenol 0.6%	J7672	\$0.42/mL
Metaproterenol 0.4%	J7670	\$0.42/mL
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		
Hypertonic Saline	J7130	
Solution, 20 cc vial		

Use local codes for the following:

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Sterile Saline Solution	W1008	\$0.14/mL
1 mL for use in DME		
Equipment		

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.58*		AWP - 10%

* or 10% x cost for drugs > \$35.80

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DL-0050037

All drug products, 64015, 64115, 82003, 82005, 50120, 50300, and water are not covered unless they get prior approval prior to dispensing.

Source: Blue Book

Indiana

February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.04/mL
Acetylcysteine 20%	J7615	\$1.62/mL
Albuterol 0.083%	J7620	\$0.44/mL
Cromolyn Sodium/20 mg	J7630	\$0.76/mL
Isoetharine 0.1%	J7650	\$0.34/mL
Isoetharine 0.125%	J7651	\$0.21/mL
Isoetharine 0.167%	J7652	\$0.29/mL
Isoetharine 0.2%	J7653	\$0.34/mL
Isoetharine 0.25%	J7654	\$0.42/mL
Metaproterenol 0.6%	J7672	\$0.42/mL
Metaproterenol 0.4%	J7670	\$0.42/mL
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		
Hypertonic Saline Solution, 20 cc vial	J7190	\$1.00
Sterile Saline (dilution purposes only)	A4214	
Compounded drugs not covered.		

- 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.00		AWP - 10%

Please direct medicaid providers with questions to the Provider Assistance Unit of E.D.S. at (800) 346-3819 or (317) 875-0177.

Iowa

February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare - (Use national codes)

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DL-0050038

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.02 - \$6.25	\$1.00	AWP - 10%

Kansas

February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Sodium Chloride; 82003*	A4610	\$.25 per ud
Sodium Chloride; 82005*	A4610	\$.50 per ud
Sodium Chloride; 83003*	A4610	\$.25 per ud
Sodium Chloride; 83005*	A4610	\$.50 per ud
Sodium Chloride; 83015*	A4610	\$1.25 per ud
Nebu-Sol; 50120	Not Covered	
Nebu-Sol; 50300	Not Covered	
Water; 81003*	A4610	\$.25 per ud
Water; 81005*	A4610	\$.50 per ud

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DL-0050039

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

* - Code accordingly with description of product
Source: First Data Bank

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.85 - \$6.97	\$1.00	AWP - 10%

All drugs "generally non-covered" unless prior authorization is received. Specifically, the following sodium chloride solutions are covered without prior authorization: 03003, 03005, and 03020. Source: Medi-Span

Kentucky

February 2, 1994

- 1) Formulary - Not necessary to be on state formulary for generic substitution
- 2) Medicare - No information received. Follow-up request sent.
- 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
Outpatient: \$4.75		AWP - 10%
Nursing Home: \$5.75		

Source: Medi-Span

All products except water are covered. Must receive prior authorization.

Louisiana

February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare Returned. Forwarding order expired. Follow-up request sent.
- 3) Medicaid

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DL-0050040

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$5.30		AWP - 10.5%

Maine February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

- 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.35	Up to \$3.00	EAC/AWP - 5%*

- * Reimbursement rate is lowest of: 1) MAC; 2) Maine MAC; 3) EAC; 4) AWP; 5) Usual and customary which includes lowest price a provider will accept from any third party as payment for the service.

Source: First Data Bank

Maryland February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution
- 2) Medicare - (Use national codes)

Reimburses according to AWP. Use NDC number as reimbursement code.

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DL-0050041

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.94 - \$6.17	\$1.00	WAC + 10%

Massachusetts

February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution

- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.06	\$0.50	WAC + 10%

Michigan

February 2, 1994

- 1) Formulary - No state formulary for generic substitution

- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.91
Acetylcysteine 20%	J7615	\$2.29
Albuterol 0.083%	J7620	\$.47
Cromolyn Sodium/20 mg	J7630	\$.38
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	\$.23

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DL-0050042

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	\$.63
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		
Saline	A4214	\$.20

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.83	\$1.00	AWP - 10%/AAC

Minnesota

February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare -

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.25/mL
Acetylcysteine 20%	J7615	\$1.68/mL
Albuterol 0.083%	J7620	\$0.47/mL
Cromolyn Sodium/20 mg	J7630	\$1.29/20mg
Isoetharine 0.1%	J7650	\$0.23/mL
Isoetharine 0.125%	J7651	\$0.16/mL
Isoetharine 0.167%	J7652	\$0.22/mL
Isoetharine 0.2%	J7653	\$0.31/mL
Isoetharine 0.25%	J7654	\$0.34/mL
Metaproterenol 0.6%	J7672	\$0.43/mL
Metaproterenol 0.4%	J7670	\$0.42/mL
Normal saline solution 1000cc	J7030	
Normal saline solution, sterile (500 ml - 1 unit)	J7040	
Normal saline solution 250 cc	J7050	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

Requests providers bill electronically and retain documentation rather than bill on paper and attach documentation.

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DL-0050043

Code J7699 may also be used in conjunction with A4610. Pricing is simply based on the AWP from latest Redbook update.

Drug must be determined that it is reasonable and necessary for treatment of the illness or injury to improve the functioning of the malformed body member.

Documentation which must be submitted with claim for reimbursement is: physicians prescription identifying dosage, frequency and method of administration. Claim must identify name of medication and quantity dispensed (i.e., unit-dose or size of vial).

A4610/J7699/J7799 must be accompanied by a specific description and the dose of the solution being provided.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.10		AWP - 10%

Mississippi

February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare - No information received. Follow-up request sent.
- 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.91	\$1.00	AWP - 10%

The following products not covered: 03003, 03005, 03010, 03020, 63003, 63005, 64015, 64115, 50120, and 50300.

Missouri

February 2, 1994

- 1) Formulary - Not necessary to be on state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	

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DL-0050044

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Sodium Chloride; 82003*	A4610	\$.25 per ud
Sodium Chloride; 82005*	A4610	\$.50 per ud
Sodium Chloride; 83003*	A4610	\$.25 per ud
Sodium Chloride; 83005*	A4610	\$.50 per ud
Sodium Chloride; 83015*	A4610	\$1.25 per ud
Nebu-Sol; 50120	Not Covered	
Nebu-Sol; 50300	Not Covered	
Water; 81003*	A4610	\$.25 per ud
Water; 81005*	A4610	\$.50 per ud
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

* - Code accordingly with product description
Source: First Data Bank

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.09	\$0.50 - \$2.00	AWP - 10.43%

Source: First Data Bank

Montana February 2, 1994

- 1) Formulary - Open formulary
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	

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DL-0050045

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

No payment for sodium chloride and have no fees calculated. When calculating a fee, use products listed in the most current Redbook and use the median of AWP.

- 3) Medicaid - All prescription drugs reimbursed. OTC products other than laxatives, antacids and insulin are not covered. Reimbursement rate is AWP less 10% plus dispensing fee of \$2.00 - \$4.08 based on individual pharmacy surveys. Unit-dose providers who physically package unit-dose prescriptions are reimbursed an additional \$0.75/Rx. First Data Bank is used for drug pricing. \$1.00 patient co-pay.

Nebraska

February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Sodium Chloride; 82003*	A4610	\$.25 per ud
Sodium Chloride; 82005*	A4610	\$.50 per ud
Sodium Chloride; 83003*	A4610	\$.25 per ud
Sodium Chloride; 83005*	A4610	\$.50 per ud
Sodium Chloride; 83015*	A4610	\$1.25 per ud
Nebu-Sol; 50120	Not Covered	
Nebu-Sol; 50300	Not Covered	
Water; 81003*	A4610	\$.25 per ud

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DL-0050046

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Water; 81005*	A4610	\$.50 per ud
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

* - Code accordingly with description of product
Source: First Data Bank

- 3) Medicaid - All products reimbursable.
Reimbursement rate of AWP less 8.71%
or WAC + 12.5%. Dispensing fee is
variable from \$2.84 - \$5.05/Rx. Data
source is Medispan.

Nevada February 2, 1994

- 1) Formulary - Must be on state formulary for generic
substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

- 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.42		AWP - 10%

New Hampshire February 2, 1994

- 1) Formulary - Must be on state formulary for generic
substitution

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2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.25 - \$3.65*	\$0.50 - \$1.00**	AWP - 10%

* Incentive fee added to pharmacy reimbursement for dispensing lower cost product.

** \$1.00 branded products; \$0.50 generics

Source: First Data Bank; EDS

New Jersey February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution

Only Metaproterenol 0.6% and 0.4% on New Jersey Generic Formulary/List of Interchangeable Drug Products. I have requested all other products be listed.

- 2) Medicare - (Use national codes) - No information received. Follow-up request sent.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.73 - \$4.07		AWP - 0/6%*

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- * AWP minus up to 6% based on Medicaid percentage of Rx sales. Regression ranges from 0 - 6% and is deducted from AWP up to \$25.00 (AWP). Above \$25.00 no AWP.

All products covered except Nebu-Sol and Water.
Only the following sodium chloride products are covered: 83003, 83005 and 83015.

New Mexico

February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

- 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.00		AWP - 10.5%

New York February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution
- 2) Medicare (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	

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DL-0050049

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		
82003/82005/83003/83005;	A4610	\$24.20
83015	A4610	\$23.00
50120	A4610	based on invoice
50300	A4610	based on invoice
81003/81005	A4610	\$19.50
Source; Redbook - AWP		

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$2.60		AWP

North Carolina February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare - No information received. Follow-up request sent.
- 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$5.60	\$1.00	AWP - 10%

The following sodium chloride solutions not covered:
03003, 03005, 03010, 03020, 63003, 63005, 64015, and
64115.

North Dakota February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare - (Use national codes)

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Use national code A4610 (with description).
Reimbursement is based on AWP of Redbook for all localities.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.25		AWP 10%

Source First Data Bank

All sodium chloride and water products covered as "DME" products.

Ohio February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10% 4 mL	J7610	\$ 6.43/ud
Acetylcysteine 10% 10 mL	J7610	\$19.07/ud
Acetylcysteine 10% 30 mL	J7610	\$52.34/ud
Acetylcysteine 20% 4 mL	J7615	\$ 7.71/ud
Acetylcysteine 20% 10 mL	J7615	\$23.07/ud
Acetylcysteine 20% 30 mL	J7615	\$63.21/ud
Albuterol 0.083%	J7620	\$1.42/ud
Cromolyn Sodium/20 mg	J7630	\$1.29/20mg
Isoetharine 0.1%	J7650	\$3.29/ud
Isoetharine 0.125%	J7651	\$3.29/ud
Isoetharine 0.167%	J7652	\$3.29/ud
Isoetharine 0.2%	J7653	\$3.29/ud
Isoetharine 0.25%	J7654	\$3.29/ud
Metaproterenol 0.6%	J7672	\$1.50/ud
Metaproterenol 0.4%	J7670	\$1.50/ud
Sterile Water 3 mL		\$0.20/ud
Sterile Water 5 mL		\$0.20/ud
Sterile Saline .2 - .9%		
3 - 5 mL		\$0.24/ud
Sterile Saline .9% 10 mL		\$0.41/ud

- 3) Medicaid - Dispensing Fee: \$3.23/Rx; Data
Source: Blue Book
Reimbursement Rate: AWP - 7%

<u>Product</u>	<u>Reimbursable</u>	<u>Reimbursement Rate</u>
18104	Y	\$1.1625/mL
18110	Y	\$1.1625/mL

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DL-0050051

<u>Product</u>	<u>Reimbursable</u>	<u>Reimbursement Rate</u>
18130	Y	\$1.0639/mL
18200	Y	\$1.2803/mL
18204	Y	\$1.4071/mL
18210	Y	\$1.4071/mL
18230	Y	\$1.2803/mL
69703	Y	\$0.3700/mL
69760	Y	\$0.3700/mL
65902	N	
66003	N	
66103	N	
66405	N	
67603	Y	\$0.3760/mL
67803	Y	\$0.3760/mL
03003	Y	\$0.0872/mL
03005	Y	\$0.0523/mL
03010	Y	\$0.0335/mL
03020	Y	\$0.0335/mL
63003	Y	\$0.0872/mL
63005	Y	\$0.0523/mL
64015	N	
64115	N	
82003	Y	\$0.0558/mL
82005	Y	\$0.0335/mL
83003	Y	\$0.0872/mL
83005	Y	\$0.0523/mL
83015	Y	\$0.0335/mL
50120	Y	\$0.0335/mL
50300	Y	\$0.0335/mL
81003	Y	\$0.0108/mL
81005	Y	\$0.0108/mL

Oklahoma

February 2, 1994

- 1) Formulary - No state formulary for generic substitution. Law states that it is unlawful for a pharmacist to substitute without the authority of the prescriber or purchaser.
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	

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DL-0050052

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

Sodium chloride and water are covered as supplies under the DME benefit when prescribed by physician and determined to be necessary for use of nebulizer. Payment limited to patients who cannot properly prepare the solutions at home or who have no one who can prepare the solutions for them. Documentation must explain why the patient is physically or mentally incapable of boiling water or adding salt tablets to be reimbursed.

All local codes in process of being deleted. Use local code A4323 at (9.34 per 1000 ml) for reimbursement purposes.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$5.10	\$1.00-\$2.00*	AWP - 10.5%

* \$1.00 for prescriptions up to \$29.99; \$2.00 for prescriptions costing more than \$30.00.

Source: First Data Bank

The following products not covered: 03005, 03010, 03020, 63003, 63005, 64015, 64115, 50120, and 50300.

Oregon February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

All sodium chloride and water products are considered part of the medication costs and will not be reimbursed if billed separately.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.67 - \$4.02		AWP - 11%

Pennsylvania

February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.34/mL
Acetylcysteine 20%	J7615	\$1.62/mL
Albuterol 0.083%	J7620	\$0.47/mL
Blairex sterile saline 3 oz.	A4610	\$1.19
Blairex sterile saline 8 oz.	A4610	\$2.27
Blairex sterile saline 12 oz.	A4610	\$3.41
Cromolyn Sodium/20 mg	J7630	\$0.71/mL
Isoetharine 0.1%	J7650	\$0.34/mL
Isoetharine 0.125%	J7651	\$0.22/mL
Isoetharine 0.167%	J7652	\$0.29/mL
Isoetharine 0.2%	J7653	\$0.34/mL
Isoetharine 0.25%	J7654	\$0.40/mL
Metaproterenol 0.6%	J7672	\$0.44/mL
Metaproterenol 0.4%	J7670	\$0.44/mL
Not Otherwise Class.	J7699	IC
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	IC
Drugs, Other than Inhalation Administered through DME		
Sodium Chloride 0.45%	A4610	\$0.23 5 ml each
Sodium Chloride 0.9%	A4610	\$0.24 3 ml each
Sodium Chloride 0.9%	A4610	\$0.24 5 ml each

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
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Amounts or methods of medication not included would be given individual consideration upon receipt of the claim submission. Special documentation necessary for consideration of sterile water (patient not able to mix themselves or has no family member). Use A4610 for sterile water and saline Redbook as source.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.50	\$1.00	AWP

Source: Blue Book

No water products covered. Sodium chloride products covered only if considered "legend drugs".

Puerto Rico

February 2, 1994

1) Formulary - Must be on formulary for generic substitution.

2) Medicare

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	

3) Medicaid - No action

Rhode Island

February 2, 1994

1) Formulary - Not necessary to be on state formulary for generic substitution

2) Medicare -

Sodium chloride and sterile water for inhalation with nebulizers are not covered by Medicare

3) Medicaid

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Dispensing FeeCo-PayReimburse. Basis

\$3.40

AWP

South Carolina February 2, 1994

1) Formulary - No state formulary for generic substitution

2) Medicare -

82003/82005/83003/83005 - Local code #W4200 (\$0.22 allowable)

83015 - local code #W4200 (3 units) - (\$0.66 allowable)

50120/50300 - not reimbursable

81003/81005 - national code J7699 - (individually considered)

Uses Redbook or Medispan for source documentation

3) Medicaid

Dispensing FeeCo-PayReimburse. Basis

\$4.05

\$1.50

AWP - 9.5%

Source: First Data Bank

All products covered except 03003, 03005, 03010, 03020, 63003, 63005, 64015, 64115, 50120, and 50300. These products require special authorization for coverage.

South Dakota February 2, 1994

1) Formulary - No state formulary for generic substitution

2) Medicare - (Use national codes)

ProductCodeAllowable

Acetylcysteine 10%

J7610

Acetylcysteine 20%

J7615

Albuterol 0.083%

J7620

Cromolyn Sodium/20 mg

J7630

Isoetharine 0.1%

J7650

Isoetharine 0.125%

J7651

Isoetharine 0.167%

J7652

Isoetharine 0.2%

J7653

Isoetharine 0.25%

J7654

Metaproterenol 0.6%

J7672

Metaproterenol 0.4%

J7670

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
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Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

Use national code A4610 (with description) for those drugs not listed. Reimbursement is based on AWP of Redbook for all localities.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.75	\$1.00	AWP - 10.5%

Tennessee February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution
- 2) Medicare -

Reimbursement for saline or sterile water is limited to the charge for the solution components, unless it is medically documented that the beneficiary, due to his/her physical or mental state, is unable to safely or effectively mix the solutions and there is no family member or other person available who can do this.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.91		AWP 8%

Texas February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.34/mL
Acetylcysteine 20%	J7615	\$1.62/mL
Albuterol 0.083%	J7620	\$0.47/mL
Cromolyn Sodium/20 mg	J7630	\$0.76/mL
Isoetharine 0.1%	J7650	\$0.85/2.5cc
Isoetharine 0.125%	J7651	\$0.85/4 cc

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Isoetharine 0.167%	J7652	\$0.85/3 cc
Isoetharine 0.2%	J7653	\$0.85/2.5cc
Isoetharine 0.25%	J7654	\$0.85/2 cc
Metaproterenol 0.6%	J7672	\$0.49/2.5cc
Metaproterenol 0.4%	J7670	\$0.49/2.5cc
Not Otherwise Class.	J7699	AWP/\$1.50 ud
Drugs, Inhalation Solution Administered through DMF		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

Texas Medicare Carrier will use the NDC number to price bronchodilator medications using the most current edition of Redbook.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
*		Wholesaler Cost + 12%

* Amount paid pharmacy equals (EAC + \$4.55) divided by 0.930 + .10

Date Source: Pharmaceutical Companies

All drugs covered except the following sodium chloride solutions: 03003, 03005, 03010, 63003, 63005, 64015, 64115, 82003, 82005, 83003, 83005; Nebu-Sol 50120; and Water.

Utah February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		
82003/82005/83003/83005/83015/50120/50300/81003/81005 use national code A4610. Payment based on AWP or acquisition cost.		

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.90 - 4.40*		AWP - 12%
* \$3.90 urban; \$4.40 rural		

Vermont

February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.25	\$1.00 - \$2.00*	AWP - 10%
* \$1.00 copayment; \$2.00 copayment when ingredient costs exceed \$29.99		

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West Virginia February 2, 1994

- 1) Formulary - Uses FDA Therapeutic Equivalency List (Orange Book)
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

- 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$2.75	\$0.50 - \$1.00	AWP

Source: Red Book

Wisconsin February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		
Procedure code for sodium chloride inhalation is A4323-52 and is reimbursable at \$9.34/1000mL		

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.69*	\$1.00	AWP - 10%
*\$6.67 for unit-dose products		

Wyoming

February 2, 1994

1) Formulary - No state formulary for generic substitution

2) Medicare - (Use national codes)

Use national code A4610 (with description).
Reimbursement is based on AWP of Redbook for all localities.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.70	\$1.00	AWP - 4%*
* OTC Products: 150% of AWP + 4.70		
Legend Products: AWP - 4% + 4.70		

Source: Blue Book

Key:

AAC	Actual Acquisition Cost
AWP	Average Wholesale Price
DME	Durable Medical Equipment
EAC	Estimated Acquisition Price
DESI	Less-than-effective
HCFA	Health Care Financing Administration
HHS	Health and Human Services
MAC	Maximum Allowable Cost
PA	Prior Authorization
WAC	Wholesale Acquisition Cost

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Pharmacy Program

P.O. Box
1437

Slot 4125

1. Hile Rock
72203

Allowable based on Redbook pricing

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.51 + .103 EAC	\$0.50 - \$3.00	AWP - 10.5%

California:

February 2, 1994

1) Formulary - Not necessary to be on state formulary for generic substitution

2) Medicare - Wrong information sent. Questionnaire resubmitted.

3) Medicaid (Medi-Cal) Dispensing Fee: \$4.05/Rx; Data Source: Medi-Cal List of Contract Drugs (1st Databank) Co-Pay: \$1.00 (Optional)

<u>Product</u>	<u>Reimbursable</u>	<u>Reimbursement Rate</u>
18104	Y	AWP - 5% (\$1.3419/cc)
18110	Y	AWP - 5% (\$1.2749/cc)
18130	Y	AWP - 5% (\$1.1662/cc)
18200	PA	AWP - 5%
18204	Y	AWP - 5% (\$1.6103/cc)
18210	Y	AWP - 5% (\$1.5409/cc)
18230	Y	AWP - 5% (\$1.4684/cc)
69703	PA	AWP - 5% (\$0.4091/cc)
69760	PA	AWP - 5%
65902	PA	AWP - 5%
66003	PA	AWP - 5%
66103	PA	AWP - 5%
66405	PA	AWP - 5%
67603	Y	AWP - 5% (\$0.3895/cc)
67803	PA	AWP - 5%
03003	Y	AWP - 5% (\$0.0773/cc)
03005	Y	AWP - 5% (\$0.0464/cc)
03010	PA	AWP - 5%
03020	PA	AWP - 5%
63003	Y	AWP - 5% (\$0.0773/cc)
63005	Y	AWP - 5% (\$0.0464/cc)
64015	PA	AWP - 5%
64115	PA	AWP - 5%
82003	PA	AWP - 5%
82005	PA	AWP - 5%
83003	PA	AWP - 5%
83005	PA	AWP - 5%
83015	PA	AWP - 5%
50120	PA	AWP - 5%
50300	PA	AWP - 5%

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<u>Product</u>	<u>Reimbursable</u>	<u>Reimbursement Rate</u>
81003	PA	AWP - 5%
81005	PA	AWP - 5%

Key: PA = Prior authorization required from a Medi-Cal Field Office Consultant
 - = Price not in the Medi-Cal computer file. Price must be manually calculated.

Colorado

February 2, 1994

1) ~~Formulary - No state formulary for generic substitution~~ *Alabama*

2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.41/mL
Acetylcysteine 20%	J7615	\$1.69/mL
Albuterol 0.083%	J7620	\$0.43/mL
Cromolyn Sodium/20 mg	J7630	\$0.70/mL
Isoetharine 0.1%	J7650	\$0.31/mL
Isoetharine 0.125%	J7651	\$0.11/mL
Isoetharine 0.167%	J7652	\$0.15/mL
Isoetharine 0.2%	J7653	\$0.22/mL
Isoetharine 0.25%	J7654	\$0.28/mL
Metaproterenol 0.6%	J7672	\$0.28/mL
Metaproterenol 0.4%	J7670	\$0.28/mL
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

Sodium Chloride and water do not fall under inhalation solutions/drugs and are therefore considered supplies which are included in reimbursement for equipment.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.08	\$2.00 (Trade)	AWP - 10%
	\$0.50 (Generic)	WAC + 18%

Connecticut

February 2, 1994

1) Formulary - No state formulary for generic substitution

2) Medicare - (Use national codes)

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

Sodium chloride and water not covered under current policy. Sodium chloride is included in reimbursement of medication administered via nebulizer. Use codes J7699 and J7799. Each claim is reviewed on a case-by-case basis and fees determined from Redbook.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.10*		AWP - 8%

- * Incentive fee added to pharmacy reimbursement for dispensing lower cost product

District of Columbia

February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.50	\$ 0.50	AWP - 10%

Delaware

February 2, 1994

1) Formulary - Must be on state formulary for generic substitution

2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.65	\$ 0.50	AAC/AWP - 6%

Florida

February 2, 1994

1) Formulary - Not necessary to be on state formulary for generic substitution

2) Medicare - (Uses local codes for compounded drugs and national codes for originally manufactured drugs)

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Compounded Drugs:

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine	W4079	\$7.24/4mL
Acetylcysteine	W4179	\$0.29/mL
Albuterol	W4173	\$0.18/mL
Metaproterenol	W4174	\$0.63/mL
Isoetharine	W4175	\$0.89/mL
Cromolyn Sodium	W4177	\$0.21/mL
Normal Saline	W4180	\$0.01/mL
Normal Saline 3 mL	W4181	\$0.22/3mL
Normal Saline 5 mL	W4182	\$0.22/5mL

Non-compounded drugs:

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.47/mL
Acetylcysteine 20%	J7615	\$1.77/mL
Albuterol 0.083%	J7620	\$1.80/3mL
Cromolyn Sodium	J7630	\$0.74/2mL
Isoetharine 0.1%	J7650	\$0.82/5mL
Isoetharine 0.125%	J7651	\$0.64/4mL
Isoetharine 0.167%	J7652	\$1.53/3mL
Isoetharine 0.2%	J7653	\$0.67/2.5mL
Isoetharine 0.25%	J7654	\$0.70/2mL
Metaproterenol 0.4%	J7670	\$1.58/2.5mL
Metaproterenol 0.6%	J7672	\$1.65/mL

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.23	\$ 1.00	WAC + 7%

Source: Blue Book

Georgia February 2, 1994

1) Formulary - No state formulary for generic substitution

2) Medicare -

Not covered by a Medicare Durable Medical Equipment Supplier. Contact DME Unit at (912) 921-3078 for additional details.

3) Medicaid

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Dispensing FeeCo-PayReimburse. Basis

\$4.41

AWP - 10%

Source: First Data Bank

Hawaii

February 2, 1994

1) Formulary Must be on state formulary for generic substitution

2) Medicare -

82003/82005/83003/83005/83015/50120/50300/81003/81005 not listed in 1993 Redbook, not assigned HCPCS code, and no allowances for Hawaii have been determined. Use code J3490 and brief description of product when submitting claims.

3) Medicaid

Dispensing FeeCo-PayReimburse. Basis

\$4.67

AWP - 10.5%

Source: First Data Bank

Idaho

February 2, 1994

1) Formulary - No state formulary for generic substitution *Alabama*

2) Medicare (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

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3) Medicaid

Dispensing FeeCo-PayReimburse. Basis

\$4.30

AWP

Illinois

February 2, 1994

1) Formulary Must be on state formulary for general substitution ~~Open to all~~ ① Approval letter & FDA packet cc Starlin & Patricia Starlin

2) Medicare

Use national codes for the following:

<u>Product</u>	<u>Code</u>	<u>Allowable</u> ② Kennell
Acetylcysteine 10%	J7610	312 782 01654 Ryan
Acetylcysteine 20%	J7615	\$1.32/mL
Albuterol 0.083%	J7620	\$1.58/mL
Cromolyn Sodium/20 mg	J7630	\$1.58/ud
Isoetharine 0.1%	J7650	\$0.76/mL
Isoetharine 0.125%	J7651	\$0.34/mL
Isoetharine 0.167%	J7652	\$0.21/mL
Isoetharine 0.2%	J7653	\$0.28/mL
Isoetharine 0.25%	J7654	\$0.34/mL
Metaproterenol 0.6%	J7672	\$0.42/mL
Metaproterenol 0.4%	J7670	\$0.42/mL
Not Otherwise Class.	J7699	\$0.42/mL
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		
Hypertonic Saline	J7130	
Solution, 20 cc vial		

③ 5 acts
Ronald
Gottfr
Al Dep Pub
HGR F Da D
525 W 9th
Springfield
62

Use local codes for the following:

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Sterile Saline Solution	W1008	\$0.14/mL
1 mL for use in DME		
Equipment		

3) Medicaid

Dispensing FeeCo-PayReimburse. Basis

\$3.58*

AWP 10%

* or 10% x cost for drugs > \$35.80

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DL-0050076

All drug products, 64015, 64115, 82003, 82005, 50120, 50300, and water are not covered unless they get prior approval prior to dispensing.

Source: Blue Book

Indiana

February 2, 1994

1) Formulary - No state formulary for generic substitution

2) Medicare - (Use national codes)

Product	Code	Allowable
Acetylcysteine 10%	J7610	\$1.04/mL
Acetylcysteine 20%	J7615	\$1.62/mL
Albuterol 0.083%	J7620	\$0.44/mL
Cromolyn Sodium/20 mg	J7630	\$0.76/mL
Isoetharine 0.1%	J7650	\$0.34/mL
Isoetharine 0.125%	J7651	\$0.21/mL
Isoetharine 0.167%	J7652	\$0.29/mL
Isoetharine 0.2%	J7653	\$0.34/mL
Isoetharine 0.25%	J7654	\$0.42/mL
Metaproterenol 0.6%	J7672	\$0.42/mL
Metaproterenol 0.4%	J7670	\$0.42/mL
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		
Hypertonic Saline	J7190	\$1.00
Solution, 20 cc vial		
Sterile Saline	A4214	
(dilution purposes only)		
Compounded drugs not covered.		

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$4.00		AWP - 10%

Please direct medicaid providers with questions to the Provider Assistance Unit of E.D.S. at (800) 346 3819 or (317) 875-0177.

Iowa

February 2, 1994

1) Formulary - No state formulary for generic substitution

2) Medicare - (Use national codes)

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.02 - \$6.25	\$1.00	AWP - 10%

Kansas

February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Sodium Chloride; 82003*	A4610	\$.25 per ud
Sodium Chloride; 82005*	A4610	\$.50 per ud
Sodium Chloride; 83003*	A4610	\$.25 per ud
Sodium Chloride; 83005*	A4610	\$.50 per ud
Sodium Chloride; 83015*	A4610	\$1.25 per ud
Nebu-Sol; 50120	Not Covered	
Nebu-Sol; 50300	Not Covered	
Water; 81003*	A4610	\$.25 per ud
Water; 81005*	A4610	\$.50 per ud

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs Other than Inhalation Administered through DME		

* - Code accordingly with description of product
Source: First Data Bank

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.85 - \$6.97	\$1.00	AWP - 10%

All drugs "generally non-covered" unless prior authorization is received. Specifically, the following sodium chloride solutions are covered without prior authorization: 03003, 03005, and 03020. Source: Medi-Span

Kentucky

February 2, 1994

- 03-03-03
03-03-03
03-03-03
03-03-03
- 1) Formulary - Not necessary to be on state formulary for generic substitution
 - 2) Medicare - No information received. Follow-up request sent.
 - 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
Outpatient: \$4.75		AWP 10%
Nursing Home: \$5.75		

Source: Medi-Span

All products except water are covered. Must receive prior authorization.

Louisiana

February 2, 1994

- 03-03-03
03-03-03
03-03-03
03-03-03
03-03-03
03-03-03
- 1) Formulary - No state formulary for generic substitution
 - 2) Medicare Returned. Forwarding order expired. Follow-up request sent.
 - 3) Medicaid

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<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$5.30		AWP - 10.5%

Maine

February 2, 1994

1) Formulary No state formulary for generic substitution

2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.35	Up to \$3.00	EAC/AWP - 5%*

* Reimbursement rate is lowest of: 1) MAC; 2) Maine MAC; 3) EAC; 4) AWP; 5) Usual and customary which includes lowest price a provider will accept from any third party as payment for the service.

Source: First Data Bank

Maryland

February 2, 1994

1) Formulary - ~~Must be on state formulary for generic substitution~~ *Mandatory - goes by Orange Book*

2) Medicare - (Use national codes)

Reimburses according to AWP. Use NDC number as reimbursement code.

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3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.94 - \$6.17	\$1.00	WAC + 10%

Massachusetts

February 2, 1994

1) Formulary - Must be on state formulary for generic substitution

2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.06	\$0.50	WAC + 10%

Michigan

February 2, 1994

1) Formulary - No state formulary for generic substitution

2) Medicare (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.91
Acetylcysteine 20%	J7615	\$2.29
Albuterol 0.083%	J7620	\$.47
Cromolyn Sodium/20 mg	J7630	\$.38
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	\$.23

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DL-0050081

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	\$ 63
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		
Saline	A4214	\$.20

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.83	\$1.00	AWP - 10%/AAC

Minnesota

February 2, 1994

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare -

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.25/mL
Acetylcysteine 20%	J7615	\$1.68/mL
Albuterol 0.083%	J7620	\$0.47/mL
Cromolyn Sodium/20 mg	J7630	\$1.29/20mg
Isoetharine 0.1%	J7650	\$0.23/mL
Isoetharine 0.125%	J7651	\$0.16/mL
Isoetharine 0.167%	J7652	\$0.22/mL
Isoetharine 0.2%	J7653	\$0.31/mL
Isoetharine 0.25%	J7654	\$0.34/mL
Metaproterenol 0.6%	J7672	\$0.43/mL
Metaproterenol 0.4%	J7670	\$0.42/mL
Normal saline solution 1000cc	J7030	
Normal saline solution, sterile (500 ml - 1 unit)	J7040	
Normal saline solution 250 cc	J7050	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs Other than Inhalation Administered through DME		

Requests providers bill electronically and retain documentation rather than bill on paper and attach documentation.

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Code J7699 may also be used in conjunction with A4610. Pricing is simply based on the AWP from latest Redbook update.

Drug must be determined that it is reasonable and necessary for treatment of the illness or injury to improve the functioning of the malformed body member.

Documentation which must be submitted with claim for reimbursement is: physicians prescription identifying dosage, frequency and method of administration. Claim must identify name of medication and quantity dispensed (i.e., unit-dose or size of vial).

A4610/J7699/J7799 must be accompanied by a specific description and the dose of the solution being provided.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.10		AWP - 10%

Mississippi

February 2, 1994

31 3 not covered

30-10 0730-03

30-00 0830-05

01-20 0830-03

03-00 0830-05

03-05 0830-05

20-03

20-05

30-03

30-05

30-10

30-15

10-03

10-05

- 1) Formulary - No state formulary for generic substitution
- 2) Medicare - No information received. Follow-up request sent.
- 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.91	\$1.00	AWP - 10%

The following products not covered: 03003, 03005, 03010, 03020, 63003, 63005, 64015, 64115, 50120, and 50300.

Missouri

February 2, 1994

- 1) Formulary - Not necessary to be on state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	

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DL-0050083

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Sodium Chloride; 82003*	A4610	\$.25 per ud
Sodium Chloride; 82005*	A4610	\$.50 per ud
Sodium Chloride; 83003*	A4610	\$.25 per ud
Sodium Chloride; 83005*	A4610	\$.50 per ud
Sodium Chloride; 83015*	A4610	\$1.25 per ud
Nebu-Sol; 50120	Not Covered	
Nebu-Sol; 50300	Not Covered	
Water; 81003*	A4610	\$.25 per ud
Water; 81005*	A4610	\$.50 per ud
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

* - Code accordingly with product description
Source: First Data Bank

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.09	\$0.50 - \$2.00	AWP - 10.43%

Source: First Data Bank

Montana

February 2, 1994

- 1) Formulary - Open formulary
2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	

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DL-0050084

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

No payment for sodium chloride and have no fees calculated. When calculating a fee, use products listed in the most current Redbook and use the median of AWP.

- 3) Medicaid - All prescription drugs reimbursed. OTC products other than laxatives, antacids and insulin are not covered. Reimbursement rate is AWP less 10% plus dispensing fee of \$2.00 - \$4.08 based on individual pharmacy surveys. Unit-dose providers who physically package unit-dose prescriptions are reimbursed an additional \$0.75/Rx. First Data Bank is used for drug pricing. \$1.00 patient co-pay.

Nebraska

February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution

- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Sodium Chloride; 82003*	A4610	\$.25 per ud
Sodium Chloride; 82005*	A4610	\$.50 per ud
Sodium Chloride; 83003*	A4610	\$.25 per ud
Sodium Chloride; 83005*	A4610	\$.50 per ud
Sodium Chloride; 83015*	A4610	\$1.25 per ud
Nebu-Sol; 50120	Not Covered	
Nebu-Sol; 50300	Not Covered	
Water; 81003*	A4610	\$.25 per ud

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DL-0050085

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Water; 81005*	A4610	\$.50 per ud
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

* Code accordingly with description of product
Source: First Data Bank

- 3) Medicaid - All products reimbursable.
Reimbursement rate of AWP less 8.71%
or WAC + 12.5%. Dispensing fee is
variable from \$2.84 - \$5.05/Rx. Data
source is Medispan.

Nevada

February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution
- 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

- 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.42		AWP - 10%

New Hampshire

February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution

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2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.25 - \$3.65*	\$0.50 \$1.00**	AWP - 10%

* Incentive fee added to pharmacy reimbursement for dispensing lower cost product.

** \$1.00 branded products; \$0.50 generics

Source: First Data Bank; EDS

New Jersey February 2, 1994

1) Formulary - Must be on state formulary for generic substitution

Only Metaproterenol 0.6% and 0.4% on New Jersey Generic Formulary/List of Interchangeable Drug Products. I have requested all other products be listed.

2) Medicare - (Use national codes) - No information received Follow-up request sent.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.73 \$4.07		AWP 0/6%

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DL-0050087

- * AWP minus up to 6% based on Medicaid percentage of Rx sales. Regression ranges from 0 - 6% and is deducted from AWP up to \$25.00 (AWP). Above \$25.00 no AWP.

All products covered except Nebu-Sol and water. Only the following sodium chloride products are covered: 83003, 83005, and 83015

New Mexico

February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution
- 2) Medicare - (Use national codes)
- | Product | Code | Allowable |
|---|-------|-----------|
| Acetylcysteine 10% | J7610 | |
| Acetylcysteine 20% | J7615 | |
| Albuterol 0.083% | J7620 | |
| Cromolyn Sodium/20 mg | J7630 | |
| Isoetharine 0.1% | J7650 | |
| Isoetharine 0.125% | J7651 | |
| Isoetharine 0.167% | J7652 | |
| Isoetharine 0.2% | J7653 | |
| Isoetharine 0.25% | J7654 | |
| Metaproterenol 0.6% | J7672 | |
| Metaproterenol 0.4% | J7670 | |
| Not Otherwise Class. | J7699 | |
| Drugs, Inhalation Solution Administered through DME | | |
| Not Otherwise Class. | J7799 | |
| Drugs, Other than Inhalation Administered through DME | | |
- 3) Medicaid

Dispensing Fee

Co-Pay

Reimburse. Basis

\$4.00

AWP - 10.5%

New York

February 2, 1994

- 1) Formulary - Must be on state formulary for generic substitution
- 2) Medicare - (Use national codes)

Product	Code	Allowable
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		
82003/82005/83003/83005;	A4610	\$24.20
83015	A4610	\$23.00
50120	A4610	based on invoice
50300	A4610	based on invoice
81003/81005	A4610	\$19.50
Source; Redbook - AWP		

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$2.60		AWP

North Carolina February 2, 1994

- 030-02 (1) Formulary - No state formulary for generic substitution
- 030-05 0820-03
- 030-05 0820-05 2) Medicare - No information received. Follow-up request sent.
- 030-03 0830-03
- 030-05 0830-05
- 030-03 0830-03 3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$5.60	\$1.00	AWP - 10%

The following sodium chloride solutions not covered:
03003, 03005, 03010, 03020, 63003, 63005, 64015, and 64115.

North Dakota February 2, 1994

- 030-02 1) Formulary - No state formulary for generic substitution
- 030-05 0820-03
- 030-05 0830-03
- 030-05 0830-05
- 030-03 0830-03
- 030-05 0830-05
- 030-03 0830-03
- 030-05 0830-05

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Use national code A4610 (with description).
Reimbursement is based on AWP of Redbook for all
localities.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.24		AWP 10%

Source: First Data Bank

All sodium chloride and water products covered as
"DME" products.

Ohio

February 27, 1994

080-05 not covered

1) Formulary - Must be on state formulary for generic
substitution

2) Medicare (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10% 4 mL	J7610	\$ 6.43/ud
Acetylcysteine 10% 10 mL	J7610	\$19.07/ud
Acetylcysteine 10% 30 mL	J7610	\$52.34/ud
Acetylcysteine 20% 4 mL	J7615	\$ 7.71/ud
Acetylcysteine 20% 10 mL	J7615	\$23.07/ud
Acetylcysteine 20% 30 mL	J7615	\$63.21/ud
Albuterol 0.083%	J7620	\$1.42/ud
Cromolyn Sodium/20 mg	J7630	\$1.29/20mg
Isoetharine 0.1%	J7650	\$3.29/ud
Isoetharine 0.125%	J7651	\$3.29/ud
Isoetharine 0.167%	J7652	\$3.29/ud
Isoetharine 0.2%	J7653	\$3.29/ud
Isoetharine 0.25%	J7654	\$3.29/ud
Metaproterenol 0.6%	J7672	\$1.50/ud
Metaproterenol 0.4%	J7670	\$1.50/ud
Sterile Water 3 mL		\$0.20/ud
Sterile Water 5 mL		\$0.20/ud
Sterile Saline .2 - .9%		
3 - 5 mL		\$0.24/ud
Sterile Saline .9% 10 mL		\$0.41/ud

3) Medicaid - Dispensing Fee: \$3.23/Rx; Data
Source: Blue Book
Reimbursement Rate: AWP - 7%

<u>Product</u>	<u>Reimbursable</u>	<u>Reimbursement Rate</u>
18104	Y	\$1.1625/mL
18110	Y	\$1.1625/mL

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<u>Product</u>	<u>Reimbursable</u>	<u>Reimbursement Rate</u>
18130	Y	\$1.0639/mL
18200	Y	\$1.2803/mL
18204	Y	\$1.4071/mL
18210	Y	\$1.4071/mL
18230	Y	\$1.2803/mL
69703	Y	\$0.3700/mL
69760	Y	\$0.3700/mL
65902	N	
66003	N	
66103	N	
66405	N	
67603	Y	\$0.3760/mL
67803	Y	\$0.3760/mL
03003	Y	\$0.0872/mL
03005	Y	\$0.0523/mL
03010	Y	\$0.0335/mL
03020	Y	\$0.0335/mL
63003	Y	\$0.0872/mL
63005	Y	\$0.0523/mL
64015	N	
64115	N	
82003	Y	\$0.0558/mL
82005	Y	\$0.0335/mL
83003	Y	\$0.0872/mL
83005	Y	\$0.0523/mL
83015	Y	\$0.0335/mL
50120	Y	\$0.0335/mL
50300	Y	\$0.0335/mL
81003	Y	\$0.0108/mL
81005	Y	\$0.0108/mL

Oklahoma February 2, 1994

Formulary - No state formulary for generic substitution. Law states that it is unlawful for a pharmacist to substitute without the authority of the prescriber or purchaser.

2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs Other than Inhalation Administered through DME		

Sodium chloride and water are covered as supplies under the DME benefit when prescribed by physician and determined to be necessary for use of nebulizer. Payment limited to patients who cannot properly prepare the solutions at home or who have no one who can prepare the solutions for them. Documentation must explain why the patient is physically or mentally incapable of boiling water or adding salt tablets to be reimbursed.

All local codes in process of being deleted. Use local code A4323 at (9.34 per 1000 ml) for reimbursement purposes.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$5.10	\$1.00-\$2.00*	AWP - 10.5%
* \$1.00 for prescriptions up to \$29.99; \$2.00 for prescriptions costing more than \$30.00.		

Source: First Data Bank

The following products not covered: 03005, 03010, 03020, 63003, 63005, 64015, 64115, 50120, and 50300.

Oregon, February 2, 1994

10-03 covered 1) Formulary - No state formulary for generic substitution

2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

All sodium chloride and water products are considered part of the medication costs and will not be reimbursed if billed separately.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.67 - \$4.02	.	AWP - 11%

Pennsylvania

February 2, 1994

1) Medicaid) Formulary - Must be on state formulary for generic substitution

2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.34/mL
Acetylcysteine 20%	J7615	\$1.62/mL
Albuterol 0.083%	J7620	\$0.47/mL
Blairerx sterile saline	A4610	\$1.19
3 oz.		
Blairerx sterile saline	A4610	\$2.27
8 oz.		
Blairerx sterile saline	A4610	\$3.41
12 oz.		
Cromolyn Sodium/20 mg	J7630	\$0.71/mL
Isoetharine 0.1%	J7650	\$0.34/mL
Isoetharine 0.125%	J7651	\$0.22/mL
Isoetharine 0.167%	J7652	\$0.29/mL
Isoetharine 0.2%	J7653	\$0.34/mL
Isoetharine 0.25%	J7654	\$0.40/mL
Metaproterenol 0.6%	J7672	\$0.44/mL
Metaproterenol 0.4%	J7670	\$0.44/mL
Not Otherwise Class.	J7699	IC
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	IC
Drugs, Other than Inhalation Administered through DME		
Sodium Chloride 0.45%	A4610	\$0.23 5 ml each
Sodium Chloride 0.9%	A4610	\$0.24 3 ml each
Sodium Chloride 0.9%	A4610	\$0.24 5 ml each

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
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Amounts or methods of medication not included would be given individual consideration upon receipt of the claim submission. Special documentation necessary for consideration of sterile water (patient not able to mix themselves or has no family member). Use A4610 for sterile water and saline. Redbook as source

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.50	\$1.00	AWP

Source: Blue Book

No water products covered. Sodium chloride products covered only if considered "legend drugs".

Puerto Rico

February 2, 1994

- 1) Formulary - Must be on formulary for generic substitution.

2) Medicare

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	

3) Medicaid - No action

Rhode Island

February 2, 1994

- 1) Formulary Not necessary to be on state formulary for generic substitution

2) Medicare -

Sodium chloride and sterile water for inhalation with nebulizers are not covered by Medicare

3) Medicaid

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Dispensing FeeCo-PayReimburse. Basis

\$3.40

AWP

South Carolina

February 2, 1994

1) Formulary - No state formulary for generic substitution

2) Medicare -

82003/82005/83003/83005 - Local code #W4200 (\$0.22 allowable)

83015 - local code #W4200 (3 units) - (\$0.66 allowable)

50120/50300 - not reimbursable

81003/81005 - national code J7699 - (individually considered)

Uses Redbook or Medispan for source documentation

3) Medicaid

Dispensing FeeCo-PayReimburse. Basis

\$4.05

\$1.50

AWP - 9.5%

Source: First Data Bank

All products covered except 03003, 03005, 03010, 03020, 63003, 63005, 64015, 64115, 50120, and 50300. These products require special authorization for coverage.

South Dakota

February 2, 1994

1) Formulary - No state formulary for generic substitution

2) Medicare - (Use national codes)

ProductCodeAllowable

Acetylcysteine 10%

J7610

Acetylcysteine 20%

J7615

Albuterol 0.083%

J7620

Cromolyn Sodium/20 mg

J7630

Isoetharine 0.1%

J7650

Isoetharine 0.125%

J7651

Isoetharine 0.167%

J7652

Isoetharine 0.2%

J7653

Isoetharine 0.25%

J7654

Metaproterenol 0.6%

J7672

Metaproterenol 0.4%

J7670

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

Use national code A4610 (with description) for those drugs not listed. Reimbursement is based on AWP of Redbook for all localities.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.75	\$1.00	AWP - 10.5%

Tennessee February 2, 1994

1010-05 (covered) 1) Formulary - Must be on state formulary for generic substitution

1030-03 2) Medicare -

Reimbursement for saline or sterile water is limited to the charge for the solution components, unless it is medically documented that the beneficiary, due to his/her physical or mental state, is unable to safely or effectively mix the solutions and there is no family member or other person available who can do this.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.91		AWP - 8%

Texas February 2, 1994

1010-05 (covered) 1) Formulary - No state formulary for generic substitution

1030-03 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	\$1.34/mL
Acetylcysteine 20%	J7615	\$1.62/mL
Albuterol 0.083%	J7620	\$0.47/mL
Cromolyn Sodium/20 mg	J7630	\$0.76/mL
Isoetharine 0.1%	J7650	\$0.85/2.5cc
Isoetharine 0.125%	J7651	\$0.85/4 cc

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Isoetharine 0.167%	J7652	\$0.85/3 cc
Isoetharine 0.2%	J7653	\$0.85/2.5cc
Isoetharine 0.25%	J7654	\$0.85/2 cc
Metaproterenol 0.6%	J7672	\$0.49/2.5cc
Metaproterenol 0.4%	J7670	\$0.49/2.5cc
Not Otherwise Class.	J7699	AWP/\$1.50 ud
Drugs, Inhalation Solution Administered through DMF		
Not Otherwise Class.	J7799	
Drugs Other than Inhalation Administered through DME		

Texas Medicare Carrier will use the NDC number to price bronchodilator medications using the most current edition of Redbook.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
*		Wholesaler Cost + 12%

* Amount paid pharmacy equals (EAC + \$4.55) divided by 0.930 + .10

Date Source: Pharmaceutical Companies

All drugs covered except the following sodium chloride solutions: 03003, 03005, 03010, 63003, 63005, 64015, 64115, 82003, 82005, 83003, 83005; Nebu-Sol 50120; and Water.

Utah February 2, 1994

- 10-03 not covered
10-05
10-03
10-05
- 1) Formulary - Must be on state formulary for generic substitution
 - 2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	

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Virginia

February 2, 1994

1) Formulary - Must be on state formulary for generic substitution

2) Medicare - (Use national codes)

<u>Product</u>	<u>Code</u>	<u>Allowable</u>
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

Medicare does not have allowances and procedure codes for the breakdown of dosages as listed for saline and water, however the following are covered:

Sodium Chloride 30 cc vial - J2912 (Allowance: \$1.61)
 Water 30 cc vial - A4214 (individual consideration by medical department).

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.40	\$1.00	AWP - 9%

Washington

February 2, 1994

1) Formulary - No state formulary for generic substitution

2) Medicare - Returned. Not deliverable as addressed. Resubmitting information request.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$3.65 - \$4.50	\$1.00	EAC = AWP - (.89)

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West Virginia February 2, 1994

030-05 covered 1) Formulary - Uses FDA Therapeutic Equivalency List
 (Orange Book)

2) Medicare - (Use national codes)

Product	Code	Allowable
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	
Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

3) Medicaid

Dispensing Fee	Co-Pay	Reimburse. Basis
\$2.75	\$0.50 - \$1.00	AWP

Source: Red Book

Wisconsin February 2, 1994

30-05 covered 1) Formulary - Must be on state formulary for generic substitution

2) Medicare - (Use national codes)

Product	Code	Allowable
Acetylcysteine 10%	J7610	
Acetylcysteine 20%	J7615	
Albuterol 0.083%	J7620	
Cromolyn Sodium/20 mg	J7630	
Isoetharine 0.1%	J7650	
Isoetharine 0.125%	J7651	
Isoetharine 0.167%	J7652	
Isoetharine 0.2%	J7653	
Isoetharine 0.25%	J7654	
Metaproterenol 0.6%	J7672	
Metaproterenol 0.4%	J7670	

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<u>Product</u>	<u>Code</u>	<u>Allowable</u>
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Not Otherwise Class.	J7699	
Drugs, Inhalation Solution Administered through DME		
Not Otherwise Class.	J7799	
Drugs, Other than Inhalation Administered through DME		

Procedure code for sodium chloride inhalation is A4323-52 and is reimbursable at \$9.34/1000mL.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.69*	\$1.00	AWP - 10%

*\$6.67 for unit-dose products

Wyoming February 2, 1994

1) Formulary - No state formulary for generic substitution

2) Medicare - (Use national codes)

Use national code A4610 (with description).
Reimbursement is based on AWP of Redbook for all localities.

3) Medicaid

<u>Dispensing Fee</u>	<u>Co-Pay</u>	<u>Reimburse. Basis</u>
\$4.70	\$1.00	AWP - 4%*

* OTC Products: 150% of AWP + 4.70
Legend Products: AWP 4% + 4.70

Source: Blue Book

Key:

AAC	Actual Acquisition Cost
AWP	Average Wholesale Price
DME	Durable Medical Equipment
EAC	Estimated Acquisition Price
DESI	Less-than-effective
HCFA	Health Care Financing Administration
HHS	Health and Human Services
MAC	Maximum Allowable Cost
PA	Prior Authorization
WAC	Wholesale Acquisition Cost

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DL-0050101



DEY LABORATORIES, INC.

1000 Valley Road, Suite 200
Irvine, California 92618
Tel: 949-251-1000 FAX: 949-251-1001

August 31, 1993

Martha McNeill, R.Ph.
Dept. of Human Services
P.O. Box 149030
MC Y-915
Austin, TX 78714-9030

Re: Medicaid Reimbursement

Dear Martha;

Dey Laboratories, Inc. is a manufacturer of generic unit-dose respiratory inhalation solutions and diluents. We are in the process of updating our files which show you as the contact person for Medicaid reimbursement inquiries. Attached please find a list of products currently manufactured by our company. We are interested in obtaining the reimbursement status for each of these products in your state. Specifically, we would like to confirm that these products are Medicaid reimbursable, the reimbursement rate, (i.e., AWP less 10%), your dispensing fee, and data source used to obtain this information. Please note that all products are used with nebulizers for respiratory therapy treatments.

Many of our customers are Medicaid providers and request reimbursement information when making a purchasing decision. In order to provide them with the best possible service, we periodically request this information from each Medicaid carrier. This information will also enable providers to better complete their claim forms and should help streamline claims processing.

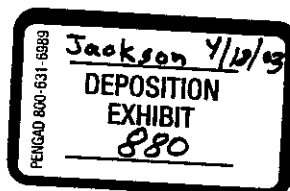
Enclosed please find a form listing our products. Under the Freedom of Information Act, please complete the form with the requested information and return to my attention. Should you have any questions or need further information, please contact me at (800) 755-5560. Thank you for your time and consideration in this matter.

Sincerely yours,

Carrie-Jean Jackson
Carrie-Jean Jackson
Sales & Convention Coordinator

:cjj

Enclosure

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DL-TX-0090867

State: TX

 Dispensing Fee _____
 Data Source _____
 (i.e., Red Book; Blue Book, etc.)

Product No.	Strength/Size		Reimbursable (Y/N)	Reimbursement Rate
<u>Acetylcysteine</u>				
181-04	10%	4 mL		
181-10	10%	10 mL		
181-30	10%	30 mL		
182-00	20%	100 mL		
182-04	20%	4 mL		
182-10	20%	10 mL		
182-30	20%	30 mL		
<u>Albuterol Sulfate</u>				
697-03	0.083%	3 mL		
697-60	0.083%	3 mL		
<u>Isoetharine</u>				
659-02	0.2%	2 mL		
660-03	0.17%	3 mL		
661-03	0.08%	3 mL		
664-05	0.1%	5 mL		
<u>Metaproterenol</u>				
676-03	0.6%	2.5 mL		
678-03	0.4%	2.5 mL		
<u>Sodium Chloride</u>				
030-03	0.9%	3 mL		
030-05	0.9%	5 mL		
030-10	0.9%	10 mL		
030-20	0.9%	20 mL		
630-03	0.9%	3 mL		
630-05	0.9%	5 mL		
640-15	3%	15 mL		
641-15	10%	15 mL		
820-03	0.45%	3 mL		
820-05	0.45%	5 mL		
830-03	0.9%	3 mL		
830-05	0.9%	5 mL		
830-15	0.9%	15 mL		
<u>Sodium Chloride, MDD</u>				
501-20	0.9%	120 mL		
503-00	0.9%	300 mL		
<u>Water, Purified</u>				
810-03		3 mL		
810-05		5 mL		

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 DL-TX-0090868